

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013405 1. Entity Name PROBLEM SOLVING FOR THE SENIORS, LLC	
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Principal Place of Business 886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176	Mailing Address P.O. BOX 2566 ORMOND BEACH, FL 32175
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3675801	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REVILOCK, JOHN S
886 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, ANNE ROONEY 886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVILOCK, JOHN S 886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176
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04/09/04-00025-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **JOHN S. REVILOCK** **4/6/2004** **386-671-2953**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #